

**GOODS OR SERVICES RECEIVED**

QUANTITY AND QUALITY OK \_\_\_\_\_

Not subject to approval of State Purchasing Bureau

ADPICS PO / BPO NUMBER - M00 \_\_\_\_\_

VENDOR # / FIN - 1 \_ \_ \_ \_ \_ MC \_ \_ \_

DCT. NUMBER \_\_\_\_\_

COMMODITY CODE \_\_\_\_\_ DEPT. CODE \_\_\_\_\_

BPO Line #	PCA	AGENCY OBJECT	AMOUNT

INVOICE / MERCHANDISE RECEIVED DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Delay \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Prices & extensions checked, payment not requested previously for items included in this invoice

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

BY: \_\_\_\_\_